



State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☐ GROUND WATER
☐ Permanent ☐ Temporary ☐ Short Term

For Ecology Use
(Date Stamp)

Follow the attached instructions. Attach additional sheets as necessary.

8 MAR 20 17:11

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

DEPT. OF ECOLOGY
FISCAL & BUDGET

Section 1. APPLICANT

Applicant/Business Name: <u>Ronald A. Johnson</u>	Phone No: <u>509-767-4633</u>	Other No:
Address: <u>150 OAK CR RD. / PO Box 306</u>		
City: <u>Dalles Port</u>	State: <u>WA</u>	Zip: <u>98617-0306</u>
Email Address (optional):		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: IRRIGATION OF GRAPES

Anticipated length of time to complete your project: Done

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
<u>IRR. GRAPES</u>	<u>251 per phone call</u> <u>w/ Mr Ron Johnson</u> <u>3/24/08) - EG</u>		<u>SEASONAL</u>
TOTAL:			

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ___/___/___ TO: ___/___/___

For Ecology Use	APPLICATION NO: <u>G4-35169</u>	<u>\$50 fee OK-EG 3-24-08</u>
	Fee Paid: <u>50</u>	SEPA: Exempt/Not Exempt
	Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____
	By _____	WRIA: <u>30-Klickitat</u>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake
☐ Other: well

Source Name: _____

Tributary to: _____

Number of proposed diversion points: _____

Do you have an existing diversion? ☐ YES ☒ NO**B.) If Ground Water Source**☒ Well(s) ☐ Other: _____Well diameter & depth: 6" 334'Number of proposed points of withdrawal: 1Do you have an existing well? ☒ YES ☐ NO

If available, attach Water Well Report and pump test.

Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	1/4	1/4	Section	Township	Range	County
<u>02131300000300</u>			<u>13</u>	<u>2N</u>	<u>13E</u>	<u>Klickitat</u>
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>400</u> Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input checked="" type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section <u>13</u> .						
Parcel No.	1/4	1/4	Section	Township	Range	County
<u>02-13-1360-00000</u>			<u>13</u>	<u>2N</u>	<u>13</u>	<u>Klickitat</u>
Lot(s)	Block(s)		Subdivision			
<u>GTH IN TL 3</u>						
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>400</u> feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NOIf no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NOProvide the owner name(s), address, and phone number: Ronald A Johnson
Lilia C Johnson 509-767-4677**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

<u>Lot GTH IN TL 3 NWNE + NENW 12-2-13</u>						
<u>Lot Fix Lot 3 NWNE + NENW less Lots E GTH 13-2-13</u>						
1/4	1/4	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from

source): 2" well Pipe. All Grapes are on drip

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only

Projected number of connections to be served:

Type of connections: _____
(e.g., home, recreational cabin)

B.) Municipal Water Systems only (defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:
(20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☒ NO

If yes, date plan was approved ____/____/____ Water System Number: _____

Name of water system: _____

Are you within the service area of an existing water system? ☐ YES ☒ NO

If yes, explain why you are unable to connect to the system: _____

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 13 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: FOR IRRIGATION of GRAPES

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Ronald A Johnson Ronald A Johnson 08
Print Name Signature Date
(Applicant or authorized representative)

Print Name Signature Date
(Landowner of Place of Use)

Print Name Signature Date
(Landowner of Place of Use)

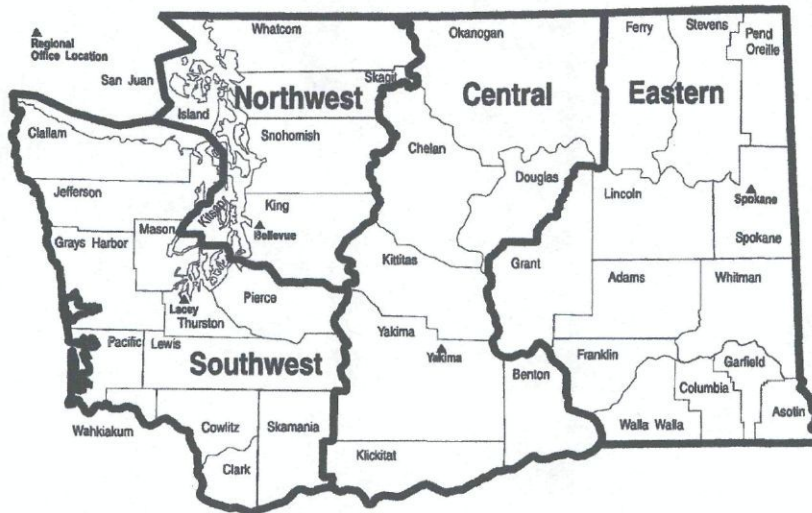
Print Name Signature Date
(Landowner of Place of Use)

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Please check the region in which your proposed project is located.

☐ Southwest ☐ Northwest ☒ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341